

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522421 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3		2			1			53					
4		1			1			54					
5		1			1			55					
6		1			1			56					
7		1			1			57					
8	1		1					58					
9		1			1			59					
10		2			1			60					
11		1			1			61					
12		1			1			62					
13		1			1			63					
14		1			1			64					
15	1		1					65					
16		1			1			66					
17		2			1			67					
18		1			1			68					
19		1			1			69					
20		1			1			70					
21		1			1			71					
22		1			1			72					
23		1			1			73					
24		1			1			74					
25		1			1			75					
26		1			1			76					
27		1			1			77					
28		1			1			78					
29		1			1			79					
30		1			1			80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			3					TOTAL IND.					
TOTAL DEP.			27					TOTAL DEP.					
TOTAL CLAIMS			30					TOTAL CLAIMS					